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APPLICATION NO.	FILING DATE	FIRS	T NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/026,307	12/18/2001		David L. Basore		2000-0480	7996
TITLE OF INVENTION: IN	TELLIGENT NETWORK I	INTERFACE DEVICE	E FOR CALLER	DENTIFICATION MU	ILTI C ASTING	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PI	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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I. Change of correspondence CFR 1.363).	saddrens or indication of "Fi	co Address" (37		the patent front page, li- up to 3 registered pater	. Muchiel	Haynes PLC
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The Director of the USPTO NOTE: The Issue Fee and Protects as shown by the reconstruction of the USPTO NOTE: The Issue Fee and Protect as shown by the reconstruction of the USPTO NOTE: The Issue Iss	Michael N. Haynes			Data <u>18</u>	April 2006	nd by the USPTO to processory in grathering, preparing, and improve you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450, of number.

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ses manhant to the Consolidated Appropriations Act. 2005 (H.R. 4818).	Application Number	10/026,307				
FEE TRANSMITTAL	Filing Date	18 December 2001				
For FY 2005	First Named Inventor	Basore, David L.				
	Examiner Name	Dyke, Kerrl M.				
Applicant claims amail entity status. See 37 CFR 1.27	Art Unit	2667				
OTAL AMOUNT OF PAYMENT (\$) 1409.00	Attorney Docket No.	2000-0480 (1014-221)				
ETHOD OF PAYMENT (check all that apply)						
Check Credit Card Money Order None Other (please identify):						
Deposit Account Deposit Account Number: 50-2504 Deposit Account Name: Michael N. Haynes						
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FEE CALCULATION							
1. BASIC FILING, SEA	RCH, AND	EXAMINATIO	N FEES				
	FILING	FEES Small Entity	SEARC	⊣ FEES Small Entity		TION FEES	
Application Type	Fee.(\$)	Fee (\$)	Fee (\$):	Fao (6)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250.	200	100	O
Design	200	100	.100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	∃OD	<u> </u>
Provisional	200	100	0	0	0	Q	
2. EXCESS CLAIM FE	ES .						Small Entity Fee (\$)
FEE DESCRIPTION					50 25		
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100							

Multiple dependent claims Multiple Dependent Claims Total Claims .- 20 or HP ≤ Fee Paid (6) HP = highest number of total claims paid for, if greater than 20 0 Extra Ctalma 0 Fee (8) 200 indep. Claims

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SUBMITTED BY			
Signature	michael M. Hayer	Registration No. 40,014 (Attorney/Agent)	Telephone 434-972-9988
Name (Print/Type)	Michael N. Haynes		Date 18 Apr 2006

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Gary K. Michelson, M.D.

Date:

April 18, 2006

No. of Pages (including this): 20

Filed: October 24, 2003

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(as amended)

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